

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NH	10591	10/27
O.I.P.E. CLASSIFIER		48	11/6/20
FORMALITY REVIEW	Antal	TC 626	11/21/20
RESPONSE FORMALITY REVIEW	2	TC 520	04-09-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/27/20
2	✓	✓	10/27/20
3	✓	✓	10/27/20
4	✓	✓	10/27/20
5	✓	✓	10/27/20
6	✓	✓	10/27/20
7	✓	✓	10/27/20
8	✓	✓	10/27/20
9	✓	✓	10/27/20
10	✓	✓	10/27/20
11	✓	✓	10/27/20
12	✓	✓	10/27/20
13	✓	✓	10/27/20
14	✓	✓	10/27/20
15	✓	✓	10/27/20
16	✓	✓	10/27/20
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43	✓	✓	10/27/20
44	✓	✓	10/27/20
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46	✓	✓	10/27/20
47	✓	✓	10/27/20
48	✓	✓	10/27/20
49	✓	✓	10/27/20
50	✓	✓	10/27/20

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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